



COUNTY OF LOS ANGELES

SYBIL BRAND COMMISSION FOR INSTITUTIONAL INSPECTIONS

Room 372, Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012
(213) 974-1465 or (213) 974-1431
Website: <http://sbc.lacounty.gov>

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Mrs. Sybil Brand

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Mrs. Eleanor R. Montañño

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Ms. Anne Hill
Ms. Theresa Zhen

November 5, 2015

Fesia Davenport
Los Angeles County
Office of Child Protection
500 W Temple St, Room 726
Los Angeles, CA 90012

Dear Ms. Davenport:

The Sybil Brand Commission has raised concerns with the Department of Children and Family Services (DCFS), the Department of Mental Health (DMH), and the Probation Department for a number of years about the use of psychotropic medication with children placed in DCFS and Probation group homes. Paralleling observations and concerns at the national level¹, the Sybil Brand Commission's concerns have centered around seven issues: 1) the number of children receiving psychotropic medication

¹ In a 2012 report by the Government Accountability Office reviewing national data on the use of psychotropic medication with children, the following was shared: "When doctors (conducting the review on behalf of the Inspector General) reviewed these cases they found quality-of-care concerns in 67 percent of the cases that they looked at.... More than half the time, the review found children on these powerful drugs were not being monitored adequately. A quarter of them were given the wrong dose. Many were given too many drugs or took them for too long." Among this group, the OIG reported other disturbing patterns which included prescribing children too many drugs at once (37%), keeping them on the antipsychotics for too long (34%), giving the wrong dose (23%), prescribing medications to children at too young an age (17%), and negative side-effects (7%). Finally, 41% of the children were receiving the wrong treatment; 53% received poor monitoring; and 37% were receiving too many drugs.

In addition, considerable national scrutiny has centered on side effects and potential negative health effects associated with psychotropic medication given to children (e.g., concerns have been expressed about the class of antipsychotics sold under such brand names as Abilify, Seroquel, Risperdal and Zyprexa). These drugs, which have strong sedative effects, have been linked by researchers to sudden and severe weight gain, increased risk for diabetes and movement disorders. The second highest prescribed class, antidepressants, were given to 48% of foster children on psychiatric medications in California, according to the information obtained by the National

overall, 2) the number of children in any single group home receiving the exact same psychotropic medications at the same dosages; 3) children in group homes receiving multiple anti-psychotic, anti-anxiety, anti-depressant, and/or mood stabilizer medications; 4) children maintained on psychotropic medications for what appears to be an indeterminate period of time receiving approval after approval from the courts to continue medication but with no clear oversight or rationale²; 5) no discussion, in children's group home files, of treatment effectiveness, side effects, or the application of behavioral and mental health interventions that could contribute to titrating children off of psychotropic medications; 6) an absence of discussion in children's Needs and Service Plans (NSP's) about children's responsiveness to continued need for medication as well as the absence of any consultation, collaboration, or coordination of efforts between the psychiatrist, mental health providers (e.g., counselors), group home staff, the DCFS social worker, relevant school personnel, or parents/guardian); and 7) no indication that anyone is monitoring the child's physical health (e.g., routine review/confirmation of lipid³ panels, weight gain, appetite, etc.) and mental health response or sequelae⁴ (e.g., medication side effects such as suicidal ideation, changes in sleep patterns, decreased mental alertness in school, irritability, etc.). Based on inquiries by the Commissioners at the Commission's monthly Business meetings, it appears that DMH plays no role in DCFS cases in which children in group homes are on psychotropic medication. The children do not have an open case with DMH—the very County entity better equipped to provide professional consultation and oversight on matters involving severe mental health issues. We believe this reflects remnants of the siloed approach noted in the Blue Ribbon Commission on Child Protection's Final Report to the Board of Supervisors which, if not addressed, leaves cracks in the system through which vulnerable children ultimately pay a price.

After the Commission repeatedly shared observations and concerns with DCFS, DMH, and the Probation Department, the Commission requested a presentation on medication management and monitoring practices conducted by the Juvenile Court

Youth Law Center. These drugs also have a series of associated side effects. Several Commissioners have observed that these drugs are regularly prescribed to children in the group homes they have inspected.

² Consistent with best practice, there appears to be no use of recognized clinical rating scales (clinician, patient, or caregiver assessed, as appropriate) or other measures to quantify the response of the child's target symptoms to medication treatment and the progress made toward treatment goals.

³ The literature suggests that there are relative risks for diabetes, weight gain, and elevated lipids associated with various psychotropic medications. In other words, these medications can lead to medical consequences including an increase in cholesterol, triglycerides, risk for diabetes, and weight gain depending on the medication which is why it is important to draw baseline labs and record weight HgbA1c, fasting lipid panel and check these on a regular basis.

⁴ Several psychotropic medications, for example, ADHD medications, have been associated with side effects ranging from mild to serious, such as sleeplessness, loss of appetite, tics, agitation, hallucinations, liver problems, and suicidal thoughts.

Mental Health Services (JCMHS). In their presentation to the Commission on September 23, 2015, JCMHS described their 1) review of psychotropic medication authorization forms, 2) the clinical consultation they provide to the Dependency Court, and 3) DMH representation to the Crossover Youth Project. Our inquiry during that presentation led to further alarm and concerns. Specifically, the Commission noted the following in the Court presentation and inquiry process. There appear to be no protocols in place to verify that psychiatrists are in fact doing lipid panels per current County requirements and that they are making appropriate medication decisions based on the results of those panels. Everyone (DCFS, DMH, JCMHS, Probation, and group home staff) seems to assume that the procedure is being followed and no one entity in the County has taken responsibility for incorporating some type of formal review process in this regard. This is quite alarming given what we know in medical and psychiatric practice about the potential harm and side effects of general and long-term use of psychotropic medication with children. While the Psychotropic Medication Authorization (PMA) review process includes a place on the PMA form that asks whether appropriate lab tests are being done/monitored/ordered and how frequently, this is determined to be in compliance merely based on whether the requesting psychiatrist filled out these inquiries on the Prescribing Physician's Statement. Further, when JCMHS engages in a consultation on a case, while they do a face-to-face evaluation with the child, they do not appear to corroborate their brief encounter observations with interviews with caregivers, group homes, or residential placement. They also do not appear to review any data contained in the children's Needs and Service Plans and they do not do any psychological testing to substantiate their observations.

Finally, we were disappointed that JCMHS was unprepared to address questions related to any trends in the administration of psychotropic medications based on basic demographic information such as gender, ethnicity, and Supervisorial District or Service Planning Area. Given national concerns about disparities in the use of medication with children of color coupled with the County's longstanding issues with disproportionality in the removals and length of placement, it would be important to know whether there are any potential issues in differential administration of psychotropic medication as a result of ethnicity, gender, and location in the County or if there are any trends related to these demographics among psychiatrists placed on the "no confidence" list. It is unclear whether such a review of trends to discern potential biases in practice or disproportionality is even a process that JCMHS undertakes in their general review process or in the quarterly practice parameters workgroup meetings.

We believe greater attention and better practice is needed to ensure that psychotropic medications are being administered wisely and well with children who are in Los Angeles County group home placements. Among other things, this requires closer monitoring. In addition to defining—based on protecting the welfare of the child—"who" is the holder of responsibility for protecting the welfare of children in the County placed on psychotropic medications (DCFS, DMH, etc.), we believe that the administration of

psychotropic medications: 1) must be better monitored, 2) they should be more clearly accompanied by other therapeutic interventions for which there is clear indication that these interventions are a) occurring (e.g., as reflected in NSPs or other case files⁵) and b) are effective. There should be some mechanism put in place to validate that physicians are routinely obtaining lipid panels and that they are taking appropriate action with respect to continuing or discontinuing the use of psychotropic medications based on the results. There should be better coordination of psychiatric services, other therapeutic interventions⁶, group home NSP documentation and tracking of responsiveness to both⁷, and more substantive oversight of the length of time and the number of medications children are placed on who are in the County's group homes. Repeatedly, the literature has identified at least seven common mistakes made in the prescription of psychotropic medication to children. These include: 1) not providing therapeutic interventions along with or before using psychotropic medication, 2) failure to set a target symptom, 3) starting medications but not adjusting them, 4) starting medications but adjusting them too much, 5) setting the wrong expectations, 6) failure to monitor, and 7) continuing medications with no efficacy. The County should have clear procedures to protect children from falling victim to any of these common mistakes. We believe it is important that the County increase the type of oversight necessary to shield children in its care from excessive and poorly monitored use of psychotropic medication.

Respectfully submitted,



Eleanor R. Montañó
Chair, Sybil Brand Commission

EM:bf

⁵ For example, clearly defined target symptoms and treatment goals for the use of psychotropic medications should be identified and documented in the child's record at the time of or before beginning treatment with a psychotropic medication. These target symptoms and treatment goals should be assessed on a regular basis, at a minimum, with the child, the social worker, and group home caregiver.

⁶ Setless et al, (2012) provide sound advice: "A pharmaceutical response is rational where the underlying illness is biological, but talk therapy, behavioral interventions, and social support are far more appropriate where the underlying maladies result from a volatile home life, because then treatment matches the real problem."

⁷ It is unclear what the quality and extent of child and group home staff education is occurring about the mental disorder for which psychotropic medications are prescribed, the treatment options (non-pharmacological and pharmacological), treatment expectations, and potential side effects before and during the prescription of psychotropic medications.



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Cheryl Grills Ph.D.
Ms. Anne Hill

October 1, 2014

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

RECOMMENDATION FOR FURTHER INQUIRY INTO THE USE OF PSYCHOTROPIC MEDICATIONS IN THE GROUP HOMES

In light of the recent Daily News article entitled "Drugging Our Kids" (August 24, 2014), the Sybil Brand Commission would like to express its concern regarding the management of psychotropic medications that are administered to the Department of Children and Family Services (DCFS) and Probation Department (Probation) children in the group homes.

For several years, various members of the Commission have raised concerns at its monthly business meetings with DCFS and Probation regarding this issue. Concerns were expressed about both the extent of and potential over-medication of children and the lack of clear lines of oversight and accountability, particularly for children in group home placements who were not receiving Department of Mental Health Services.

Examples of our concerns included the fact that it is not clear, 1) what oversight exists with respect to the dispensing of psychotropic medications to ensure they are consistent with reasonable standard of care, 2) who is reviewing the Needs and Service Plans to determine that there are clear linkages between the use of these medications and information contained in the child's Needs and Service Plans, or 3) whether there is a systematic review of the type, amount, dosage, and trends associated with administration of psychotropic medications by specific psychiatrists, group homes, or age/gender/ethnic groups.

Honorable Board of Supervisors

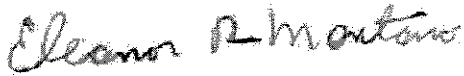
October 1, 2014

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The Commission would like to recommend that the Board of Supervisors conduct further inquiry into the issue of psychotropic medication, including the extent of psychotropic medication usage with children placed in group homes, its management and oversight, and accountability.

We look forward to your response.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Eleanor R. Montaño". The signature is fluid and cursive, with the first name "Eleanor" written in a larger, more prominent script than the last name "Montaño".

Eleanor Montaño
Chairperson

c: SBC Commissioners



SYBIL BRAND COMMISSION FOR INSTITUTIONAL INSPECTIONS GROUP HOME REPORT

Inspected by: _____

NAME: _____ PAGE NO. _____ TIME: _____

ADDRESS: _____ DATE INSPECTED: _____

CITY: _____ PREVIOUS INSPECTION: _____

DIRECT/OWNER: _____ PHONE NO. _____

LICENSE CAPACITY: _____ OCCUPANCY: _____ BOYS: _____ GIRLS: _____ AGE RANGE: _____

NO. OF STAFF: FULL: _____ PART: _____ PROBATION: _____ DCFS: _____ RCL LEVEL: _____

ESCORT'S NAME (PRINT): _____ ESCORT'S SIGNATURE: _____

RATING: E = Excellent G = Good S = Satisfactory U = Unsatisfactory N/A = Not Applicable

Appearance of Home	Rating
A. Exterior	
B. Interior	
C. Grounds (Clean) (80087, 84087, 84187, 84287)	
D. Pools/Spas (80087)	

Vehicles	Yes	No
Year: Type:		
A. Are seatbelts in good condition (80074)		
B. Is vehicle in good condition (84274)		
C. Vehicle Service Log		

Kitchen	Rating
A. Appliances	
B. Food Storage Area Clean	
C. Perishables (2-day supply) (80076)	
D. Non-Perishable (7-day supply) (84076, 8427)	
E. Snacks & Beverages available	
F. Modified diets provided as needed	
G. Dishes, glasses & utensils	
H. Written Menu Posted & Followed	

Common Rooms	Rating
A. Educational Materials	
B. Computer & Books Present	
C. Games & Toy Present	
D. Comfortable Furniture	

Staff	Yes	No
A. Required DL#/Records on file		
B. Fingerprints on file prior to hiring (80019, 80019.2)		
C. L1C 500 on file		
D. All Staff have Required Health Screening (80065, 84165)		

Bedrooms	Rating
A. Beds	
B. Furniture	
C. Clothing	
D. Closets	
E. Quick-release Window Bars	

Bathrooms	Rating
A. Hygiene Supply	
B. Sufficient Individual Linen Supply	
C. Sink, tubs, showers & toilets operable	

Posted Information	Yes	No
A. License of Home		
B. Activities Daily Schedule (84079, 84279)		
C. House Rules		
D. Individual Rights (80072, 84072)		
E. Chores		
F. Emergency Telephone Numbers		
G. Emergency Plan (80023)		
H. Evacuation Plan		
I. Other		

Special Incident Report (last 30 days)	Yes	No
A. AWOLs. How many		
B. Any De-escalation Techniques Used		
C. Recent Assault on Staff		

Comments:

Schools	Yes	No
A. Does staff monitor clients' progress		
B. Is study area provided		
C. Is tutoring available		
D. Library cards		
E. Are clients enrolled in school		
<input type="checkbox"/> Public School		
<input type="checkbox"/> Non-Public School		
G. When did clients enroll		
<input type="checkbox"/> within 3 days		
<input type="checkbox"/> Other _____		
Other	Yes	No
A. Is staff familiar with client's needs		
B. Are Needs and Services Plan (NSP) onsite (80068)		
C. Are the NSPs up-to-date		
D. Are special needs addressed		
E. Are rooms free of odor		
F. Are rooms free of flies & other insects		
G. Are pesticides or toxins present		
H. Are premises free of hazards		
I. Do the clients have Life Books		
J. Trash cans secure		
K. Access to keys		
L. Clothing allowance provided Records/Receipts		
M. Spending allowance provided Records/Receipts		
O. Are disaster drills conducted monthly & records available		

Other (cont'd)	Yes	No
P. Is current client roster available		
Q. Is laundry service provided		
R. Treatment Team Log Book available		
S. Staff ratios maintained for children in care (80065)		
Medical Emergencies	Yes	No
Name of Hospital:		
Name of Doctor:		
Mental Health Doctor:		
Medical & Safety	Yes	No
A. First Aid Kit (80075)		
B. CPR Cert (80075)		
C. Medications Secured (80075)		
D. Prescriptions on file (84175.1)		
E. Smoke Detectors		
F. Fire Extinguishers		
G. Earthquake Supplies		
H. Carbon Monoxide Detector		
I. Appropriate fire clearance maintained (80020, 84120)		

Left Scholarship Application w/GH		
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Report to Board of Supervisors: Yes _____ No _____	Found Facility Satisfactory: Yes _____ No _____
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	Yes	No
Report to Children & Family Services Department, Probation Department, and Community Care Licensing		
	Yes	No
Left Corrective Action Response Plan w/GH		No One Home

Comments:

Community Care Licensing Direct Line (Ask for Duty Worker) – (310) 568-1817 ♦ DCFS-Child Endangerment Hotline
(if the offence is non-urgent but critical) – (800) 540-4000 ♦ DCFS-Rhonda David-Shirley – (626) 569-6804
♦ Probation-Pamela Pease - (323) 493-5626 ♦ Dial 911 for Emergencies/Urgencies



PREVIOUS INSPECTION _____

Sybil Brand Commission For Institutional Inspections

Courts _____ Jails _____ Probation Camps _____ Sheriff Stations _____

COMMISSIONER(S): _____ TIME _____ DATE _____

FACILITY NAME:	
ADDRESS:	
OFFICER IN CHARGE:	
ESCORT:	
CAPACITY:	

RATING: E = Excellent G = Good S = Satisfactory U = Unsatisfactory N/A = Not Applicable

ITEMS		RATING	COMMENTS
CLEANLINESS:	Kitchen		
	Showers		
	Toilets		
FOOD:			
TRUSTEE QUARTERS:			
LIGHTING:	Emergency		
	Regular		
MEDICAL SERVICE:			
TELEPHONE AVAILABILITY:			
ED/VOCATIONAL TRAINING:			
GRAFITTI:			
MAINTENANCE:	Building		
	Grounds		

PROBLEMS: _____

